

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>SW</i>	<i>69801</i>	<i>6/21</i>
O.I.P.E. CLASSIFIER	<i>SW</i>	<i>32</i>	<i>6/30</i>
FORMALITY REVIEW	<i>SW</i>	<i>72346</i>	<i>8-1-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 + (Through numeral)..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	X		
2	X		
3	X		
4	X		
5	X		
6	X		
7	X		
8	X		
9	X		
10	X		
11	X		
12	X		
13	X		
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42	X		
43	X		
44	X		
45	X		
46	X		
47	X		
48	X		
49	X		
50	X		

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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